Voluntary Form for Hearing Aid Compatibility Status Report

Reporting Period (MM/DD/YY) _05/10/08_ to (MM/DD/YY) _12/31/08_

Section 1. Company Information	*Service Provider* X	*Device Manufacturer*
Company Name:	American Samoa Telecommunications Authority (IXC Division)	
Company Address:	P.O. Box M	
City: Pago Pago	*State*: American Samoa	*Zip Code*:96799
Phone: (684) 633-1121	*Fax*: (684) 633-9032	*E-mail*: astca_counsel@samoatelco.com
Filing Agent / Law Firm:		
Filing Agent Contact Name:		
Filing Agent Address:		
City:	*State*:	*Zip Code*:
Phone:	*Fax*:	*E-mail*:

Section 2. Acoustic and Inductive Coupling-Compatible Handset Models (Rated At Least M3 and T3)

Index	Handset Maker	Model Name(s)	FCC ID(s)	Starting Available Date (MM/YY)	Ending Available Date (MM/YY)	Air Interface Technology(ies) (GSM,CDMA,W CDMA, etc)	Operating Frequency Bands (800, 1900, 2100, etc)	ANSI Standard C63.19 version number (manufacturer only)
2-1	Motorola	W385	IHDT56HC1	09/08	10/08	CDMA	850, 1900	
2-2	Motorola	Razr v3m	IHDT56FT1	05/07	12/08	CDMA	850, 1900	
2-3								
2-4								
more								

Section 2 --- Continued

Index	M-Rating (M3, M4)	M-Rating Certification Date (MM/DD/YY)(manufacturer only)	M-Rating Testing Lab (manufacturer only)	T-Rating (T3, T4)	T-Rating Certification Date (MM/DD/YY)(manufacturer only)	T-Rating Testing Lab (manufacturer only)	Wi-Fi Interface (Yes / No)	Functionality Level (service provider only)	Remark
2-1	M4				T4		No		
2-2	M4				T4		No		
2-3									
2-4									
more									

Section 3. Acoustic Coupling-Compatible Handset Models (Rated At Least M3 But Not T3)

Index	Handset Maker	Model Name(s)	FCC ID(s)	Starting Available Date (MM/YY)	Ending Available Date (MM/YY)	Air Interface Technology (GSM,CDMA,WCDMA, etc)	Operating Frequency Bands (800, 1900, 2100, etc)	ANSI Standard C63.19 version number (manufacturer only)
3-1	Motorola	Krzr K1m	IHDT56H1	05/07	12/08	CDMA	850, 1900	
3-2								
3-3								
3-4								
more								

Section 3 --- Continued

Index	M-Rating (M3, M4)	M-Rating Certification Date (MM/DD/YY)(manufacturer only)	M-Rating Testing Lab (manufacturer only)	Wi-Fi Interface (Yes / No)	Functionality Level (service provider only)	Remark
3-1	M3			No		
3-2						
3-3						
3-4						
more						

Section 4. Non-Hearing Aid-Compatible Handset Models (Rated Neither M3 Nor T3)

Index	Handset Maker	Model Name(s)	FCC ID(s)	Starting Available Date (MM/YY)	Ending Available Date (MM/YY)	Air Interface Technology (GSM,CDMA, WCDMA, etc)	Operating Frequency (700, 800, 1900, 2100, etc)	Wi-Fi Interface (Yes / No)	Functionality Level (service provider only)	Remark
4-1	Nokia	2125i	QMNRH-66	11/08	12/08	CDMA	850, 1900	No		
4-2	Motorola	W315	IHDT56GE1	08/07	12/08	CDMA	850, 1900	No		
4-3	LG	AX-4270	BEJVX3300	05/08	12/08	CDMA	850, 1900	No		
4-4	LG	LX-225	BEJLX-225	11/08	12/08	CDMA	850, 1900	No		
more	LG	LX-125	BEJLX125	10/08	12/08	CDMA	850, 1900	No		

Section 5. Total Acoustic and Inductive Coupling-Compatible, Acoustic Coupling-Compatible, and Non-Hearing Aid-Compatible Handset Models By Air Interface Technology

Air Interface Technology (GSM,CDMA,WCDMA, etc)	Number of Fully Hearing Aid-Compatible Handset Models	Number of Acoustic Coupling-Compatible Handset Models	Number of Non-Hearing Aid-Compatible Handset Models	Remark
CDMA	2	1	5	

Section 6. Handset Models Tested Since Last Report (Manufacturer Only)

Index	Handset Maker	Model Name(s)	FCC ID(s)	Air Interface Technology(ies) (GSM,CDMA, WCDMA, etc)	Operating Frequency Bands (800, 1900, 2100, etc)
6-1					
6-2					
6-3					
6-4					
more					

Section 6 --- Continued

Index	M-Rating (M1-M4.)	M-Rating Testing Date (MM/DD/YY)	M-Rating Testing Lab (manufacturer only)	T-Rating (T1-T4, N/A)	T-Rating Testing Date (MM/DD/YY)	T-rating Testing Lab (manufacturer only)	Remark
6-1							
6-2							
6-3							
6-4							
more							

Section 7. Product Labeling Information:

Do all hearing aid-compatible handsets include labeling?

Yes [XX]   *No* [ ]

If no, please explain.

Do all hearing aid-compatible handsets with the Wi-Fi air interface have clear and effective disclosure that the handset has not been tested for hearing aid compatibility with respect to its Wi-Fi voice operation?

Yes [ ]   *No* [ ]

If no, please explain.

Section 8. Public Website:

Does your company maintain a public website describing all hearing aid-compatible models, the ratings of those models, and an explanation of the rating system?

Yes [XX]   *No* [ ]

If yes, please provide the address for the public website.   www.samoatelco.com

If no, please explain.

Section 9. Describe Consumer Outreach Efforts in the Past 12 Months:

Customers are offered the choice of handsets at all ASTCA retail locations, and upon request for HAC handset(s) are provided the HAC handset(s) with information regarding its use.

Section 10. (Service Providers Only) Describe the Levels of Functionality into Which the Compliant Handsets Fall and Provide An Explanation of the Service Provider's Methodology for Determining Levels of Functionality:

ASTCA relies upon product labeling to determine the functionality of the HAC handset(s).